

# Pacific Frontlines



maintaining  
framework

# Fitness

views  
find requires  
optimal below  
building readiness

# Force

concept family/social  
resources Department  
holistic  
resilience  
body  
click

# Health

connection  
on spirit  
mind  
Defense  
question  
wellness  
relationships

# Total

# performance

**20:** Total Force Fitness:  
Rules of Engagement

- 6:** How to Use a Building
- 12:** Understanding Overseas Screening (OSS)
- 16:** Navy's only Intensivists using CRRT

# Pacific Frontlines

Pacific Frontlines  
Official Publication of U.S. Naval Hospital Guam  
Vol. 1 Issue 2  
Surgeon General of the Navy  
Chief, BUMED  
Vice Adm. Matthew L. Nathan

Deputy Surgeon General  
Deputy Chief, BUMED  
Rear Adm. Michael H. Mittelman

Force Master Chief  
FORCM (SS/SW/FMF) Sherman E. Boss

Commanding Officer Naval Hospital Guam  
Capt. Jeff Plummer

Executive Officer Naval Hospital Guam  
Capt. Mike McGinnis

Command Master Chief  
Naval Hospital Guam  
Robert Burton

Public Affairs Officer  
Jennifer M. Zingalie-Goulart  
jennifer.zingalie@med.navy.mil

---

Frontline Pacific is a professional publication of U.S. Naval Hospital Guam. Its purpose is to educate readers on hospital missions and programs. This publication will also draw upon the medical departments rich historical legacy to instill a sense of pride and professionalism among the Navy Medical Department community and to enhance reader awareness of the increasing relevance of Navy Medicine in and for our nation's defense.

The opinions and assertions herein are the personal views of the authors and do not necessarily reflect the official views of the U.S. Government, Department of Defense, or the Department of the Navy.

---

## Guidelines for Submissions:

This publication is electronically published monthly. Please contact Jennifer Zingalie at [jennifer.zingalie@med.navy.mil](mailto:jennifer.zingalie@med.navy.mil) for deadline of present issue.

## Submission requirements:

Articles should be between 300 to 1000 words and present the active voice.

Photos should be a minimum of 300 dpi (action shots preferred)  
**NO BADGES**

## Subjects considered:

Feature articles (shipmates and civilians)  
Quality of Care  
R&D/Innovations  
Missions/Significant Events  
Community Outreach

---



## On the cover:

Total Force Fitness (TFF) is a framework for building and maintaining health, readiness, and performance in the Department of Defense. It views health, wellness, and resilience as a holistic concept where optimal performance requires a connection between mind, body, spirit, and family/social relationships. Learn more by going to: <http://hprc-online.org/>

## Inside this Issue:

6. How to Use a Building
7. HM3 Blyden
8. Volunteer: Van and Julie MacCabe
10. General Surgery Department
12. Overseas Screening
13. TRICARE: Guam
14. Meet the OMBUDSMAN
16. ICU Intensivists perform CRRT
20. Total Force Fitness: Rules of Engagement

## On the Web:

Thank you for taking the time to rate and provide us with your comments and suggestions.

# ICE

[http://ice.disa.mil/index.cfm?fa=site&site\\_id=169&dep=DoD](http://ice.disa.mil/index.cfm?fa=site&site_id=169&dep=DoD)



<http://www.med.navy.mil/sites/usnhguam/Pages/default.aspx>



[https://www.facebook.com/USNHGUAM?ref=tn\\_tnmn](https://www.facebook.com/USNHGUAM?ref=tn_tnmn)



# Commanding Officer Capt. Jeff Plummer

**July marks the middle** of our summer and this PCS season we are bidding farewell to many of our shipmates. We have also welcomed many new staff members and their families to the command, including the XO's family who has recently joined us from the States. Over the coming weeks, let's help these new shipmates get settled, learn about our command and explore our island. To all those who have recently arrived: *Welcome Aboard!*

Navy Medicine's priorities are *Readiness, Value, and Jointness*. We have spoken in various training venues about how these priorities relate to our mission. Jointness is one of our themes this month, and in the Pacific we are a unique laboratory for what this means. Guam enjoys Army, Navy, Air Force, Coast Guard, Marine Corps and VA mission sets. We deploy with our partners for Individual Augmentee, MEDRETE and humanitarian assistance missions. We have even supported our Public Health Service Commissioned Corps in the CNMI. Stay tuned for more comms in July on Jointness.

In June we met our deadline to roll-out the 4Ds across the command, and begin a journey using this new process to shape our goals and execute Navy Medicine's mission. Over 80 percent of our departments have chosen WIGs that they are betting will help contribute to "*Enriching the Patient Experience of Care.*" Remember, this command WIG is not about patient satisfaction: "Experience of Care" is much more than patient satisfaction. It's about access to services. It's about continuity with providers and getting to know one's care team.

It's about patients being responsible for their own care and participating in the process with us. It's about developing a relationship with our patients so that they truly understand how our system works, and how to live their own personal journey towards health.

Now, the work of Discipline 4 begins: a cadence of accountability. Department and teams will start to make weekly commitments to each other of what they are doing, how their measures are moving and the impact to their WIG. For more info, check out the 4DX Resources page (intranet button, right side).

I want to close with another big thank you for the hard work and preparation that went into our very successful Joint Commission survey and Medical Inspector General Inspection. Cmdr. Max Cormier, Cmdr. Harry Hamilton, and Lt.Cmdr Cindy Beltajar, from our Quality Management Department, did a fantastic job organizing our command's execution of this survey. Lt.Cmdr. Eric Harmon prepared and led up to 70 program managers for their IG sessions and interviews; HM1 Manalac provided vital support to IG prep across the command. Each of these command leaders deserves our gratitude. Staff members who served as scribes, escorts, and program managers each performed admirably, and the IG recognized 51 of our shipmates by name with a *Bravo Zulu*.

Each and every member of the command had a part to play in our recent successes, and I encourage you to keep that "always ready" attitude as we work hard to *Deliver Readiness, Quality Care and Health from Where America's Day Begins!* It is the dedicated efforts by our entire staff that make this command such a high functioning organization. I am humbly proud to be serving alongside of you and I look forward to sharing with you our move to the new hospital next year.



# Jointness

## Executive Officer Capt. Mike McGinnis

Shipmates,

**Hafa adai, I hope you all are enjoying** a fantastic start to July and our summer! As we cross the midyear mark, I'd like to use our surgeon general's (VADM Nathan) command philosophy to highlight a few points for consideration.

**SHIP.** Mission first. We're here to deliver readiness, quality care and health where America's day begins. One aspect of how we enrich the patient's experience of care is how we interact with each other and with our patients. As our CO highlights in his command philosophy, we enjoy a sacred trust in caring for others and we earn this trust by showing compassion, dignity and respect for everyone we encounter, fellow staff member or patient. I see all ICE comments submitted by our patients, and I'm happy to say that the overwhelming majority of responses are positive and appreciative. Of the few we receive from dissatisfied patients, the most common theme is the patient felt that he/she was not dealt with professionally, or the patient's privacy was not respected (staff spoke to

the patient in a loud voice where other's could hear.

We deal with PII/PHI every day as a nature of our business, but let's always be mindful of our professionalism and respecting our patients' privacy. Remember it takes just seconds to lose trust that can take years to earn back.

**SHIPMATE.** Teamwork is an essential behavior of all winning teams and I know that USNH Guam is a winner! What consistently impresses me is the acuity of illness that we treat and our staff rising to the occasion in consistently delivering high quality care. Our clinical volume varies in intensity and is not uniform at any given time throughout the organization. If you have a free moment, or are enjoying a period of decreased demand (patient no-show, decreased census), look around to other work centers that could use your help and lend a hand to a shipmate!

**SELF.** Hey, it's summer! Ok, it feels like summer all the time here, but it is the season. Get out, enjoy it with your friends and family. Please take some well deserved time off and make some great memories.

*Got News? Know an outstanding Medical Staff member? Please let us know. If you would like to write a story or you have written a story and would like to have it printed, please send it our way! If you have a story idea for the *months theme*, please let us know. There are two themes for the month of **August--Immunizations and Mental Health**, if you have an article or idea please submit to [jennifer.zingalie@med.navy.mil](mailto:jennifer.zingalie@med.navy.mil). See inside the front cover for submission guidelines. **Staff--** There should be no departmental/association Facebook pages. Questions? Please use the email in this note.*



# Command Master Chief Robert Burton

## Summer is here and school is out.

The 100 days of summer abound as we travel and do more things outside. Granted, in Guam, as we have summer weather all the time and how far we can travel without flying is limited. However, school is out and people do more activities outside in the summer months. So be careful out there.

As a fan of history, summer is a time when armies marched and ships could get in and out of port. June marks a time of major events in our Navy. The Battle of Midway and Invasion of Normandy both took place in the summer month of June. Now we enter July. Guam

## Thursday 7/18-

*3rd Annual Pre-Liberation Tour*

A great opportunity to learn of Guam's Liberation history of which RNC Guide take you to several historical sites to visit on this tour: Start at Sumay Village, T Stell Newman Visitor Center, Apaca Point, Ga'an point, Aand Park & Ridge, Piti Guns, War of the Pacific Museum and Asan Bay Overlook. Sign up *deadline: 1pm Monday 7/15*

### Outdoor Recreation (NBG Bldg. 1986)

564-1826

MON, THU & FRI:

11:00 am - 6:00 pm

TUE & WED: Closed

SAT, SUN & HOLIDAYS:

8:00 am - 6:00 pm



## Library

*Naval Base Guam*

564-1836

TUE-SAT: 10am - 6pm

SUN-MON: closed

will celebrate their liberation from Japanese occupation during World War II on July 21. I highly recommend that you get out and see some the relics and learn some of the history. You don't have to go far to see items of war that were once terrifying weapons.

The internet now allows you to find history at your finger tips to figure out where to go and what to see. Computers also allow you to find books on topics quickly and easily. The local library, although not as popular these days, is still a good place to browse and see what topics you might be interested in to kick off your search. Additionally they often have DVD's you can check out on topics. As we live here in the Western Pacific where the war raged for almost four years, I challenge all of you to spend at least a little time this summer to learn a little something new about the history of Guam.

This is a full service library is operated by the Guam Regional MWR Department. They offer a wide array of literary materials to meet the recreational, educational, and technical reference needs of the Navy Community on Guam. Their services and programs offered to all authorized patrons of his facility include computers, printer, copier and Microfiche services, CD's, DVD's, video and audiotapes are also available. For more information on MWR services go to: <http://mwr Guam.com/system/8>



# How to use a Building

**Next door to U.S. Naval Hospital Guam**, the \$158 million dollar project is showing obvious signs of near completion. In fact the new hospital building has exceeded its 70 percent completion mark and those who are a part of the project continue to move forward towards a winter deadline. Yet, the question in some people's minds may be, "what comes next?"

While the USNH Guam transition staff is currently working on an aggressive equipment reduction plan (of items in the old hospital) they are also establishing planning for the actual transition and move in.

According to Lt. Cmdr. Patrick Fitzpatrick, transition coordinator, taking over a building is not as simple as it sounds. In fact, before staff can move into the building, they need to be trained on how to use it. "Everyone in the command will receive a mini orientation to get an idea of building differences and an understanding of where equipment and services will be located as well as how they will navigate the space. This is important for directing patients efficiently," he said.

Said Healthcare Facilities Project Planning Officer, Navy Medicine West, Capt. Penny Heisler, "Think of the hospital as a complex system, it can be like a big assembly plant where everyone needs to know their part.

"With people [patients] you don't want to make an error--the prime drive is that we can deliver the care to the beneficiaries and do it well and help them navigate through that new system. Right away when we open the doors to the new hospital we are taking care of patients."

The buildings systems training, will begin once everything is in place and turned on. In fact, facilities staff will be the first to have 'hands on' with the new building. They will receive training on its intricacies such as the new air conditioning controls, water management and sewer management systems to name a few.

Medical staff will be split into different segments of training. Some will be trained on the new equipment they will be using, including such areas as radiology and the operating room. Equipment vendors will come in and help with this training. Office staff and administrative staff will require minimal training of equipment but will need to be aware of the new recycling policy and typhoon procedures to name a few.

Once the staff is moved in, there will be an 18 day period of intense preparations. During this time they will undergo further training, known as "a day in the life" or a simulation of a regular work day at the new hospital. Staff will be situated in their new workspaces and there

*continued on page 15*



## Washing, scrubbing, wiping, and helping save lives.

These are all in a day's work for Hospital Corpsman, Surgical Technician, Miles Blyden who is the servicing technician for gynecology.

As a surgical technician, Blyden assists surgeons in the main operating room (OR); the significance of this job is that his assistance allows the surgeons to focus on the patient and decreases the amount of time a patient is under anesthesia.

Patient safety is an important aspect of his work, "When I pick up a patient for surgery, I ensure they are the correct patient, and they understand what is going on. I also find out if they have had a chance to speak with the surgeon and have a signed a witnessed consent form," said Blyden. "Not checking could mean the wrong patient or wrong surgery site is operated on. That would be pretty awful."

According to Blyden, one of

the most exciting surgeries he has been involved with is what he calls a splash-and-cut C-section. Although the birth was planned there were complications that lead to a quick trip to the OR. "We didn't really have time to prepare for the surgery. All we had time to do was splash some betadine (antiseptic) on the mother's abdomen and then go in and get the baby," he said and added, "I felt a sense of accomplishment. Normally I help bring a life into the world, but this time I helped save a new life into the world."

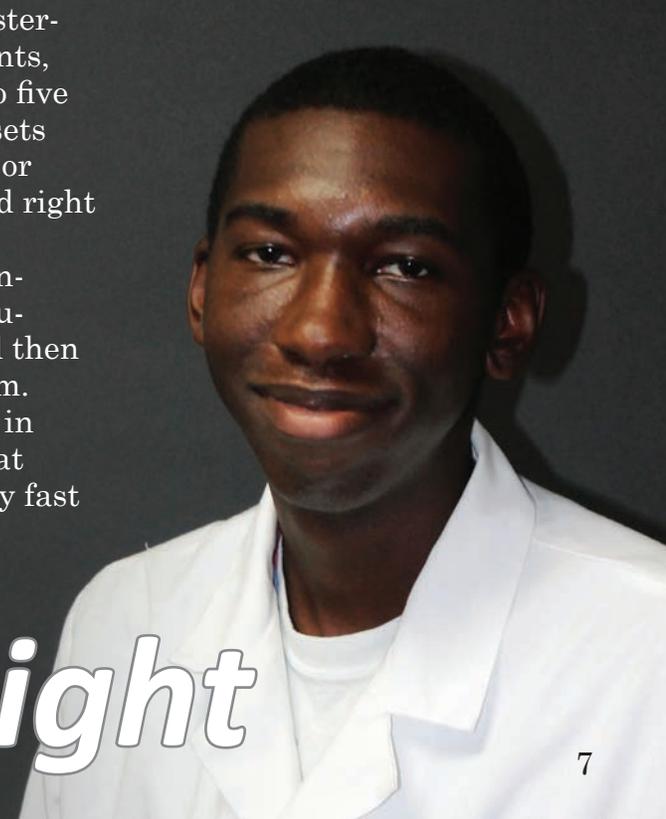
As a surgical technician, Blyden also makes sure everything needed for any type of procedure is sterilized, set-up and in place, and in good working condition. According to Blyden, each surgeon has a specific way of doing things and knowing this allows him to set up for a procedure accordingly.

In order to prepare the instruments for surgery, he said it can take around three to four hours to clean and sterilize one set of instruments, where he assists in up to five surgeries per day. "For sets where we only have one or two, we get them cleaned right away," said Blyden

The cleaning process includes soaking the instruments in an enzyme and then manually scrubbing them. "After that we put them in an ultrasonic cleaner that vibrates water at a really fast

speed, and then they go into a machine, which resembles a dishwasher, and it goes through a cleaning process that uses high heat." After this Blyden or another surgical technician will dry and inspect the instruments. If they do not meet a specific standard the instruments will have to go through the cleaning process all over again. "I feel like I am still developing a good attention to detail," said Blyden who also said his mother is quite pleased with how neat and organized he has suddenly become.

Although he loves his job, he also believes being a submariner is in his blood. His father, who is a former Fire Technician, was a submariner and Blyden thinks Independent Corpsmen Duty aboard a submarine may be in his future. It wouldn't be the first time he followed in his father's footsteps so to speak. "Being in Guam--I feel like it is a legacy thing. It was my father's last duty station," he said.



# HM3 Blyden: Clean and Bright



American Red Cross

# Volunteer profile

Name: Van and Julie MacCabe  
Hometown: Salt Lake City, U.T.  
Status: Transition Volunteers



Van and Julie MacCabe first met in Guam in 1956. Van was an Ensign in the U.S. Navy stationed here with his late wife and three children. Julie was with her late husband who, at the time, was assistant prosecuting attorney general with the government of Guam.

The two families were friends, they attended the same church and their children played together on the beautiful Guam beaches. However, when Van's two year orders on Guam ended, he and his family moved on to the next duty station.

When Julie's late husband's time ended with the Government of Guam, they decided they loved the island so much, he joined a local law firm, that had partners in San Diego, and they lived on and off the island for 20 years. Julie's oldest son and daughter were born at U.S. Naval Hospital Guam and her daughter gave birth to, two of her own children there as well. Julie also received her degree from the University of Guam.

Over the years, the families would see each other again in places such as Hawaii and Japan, and Van even returned to Guam in 1982 as the Inspector General. But eventually, time slipped away and the families lost touch.

### How did you get back in touch?

(VAN) Julie's late husband passed away four years ago and my late wife passed away three years ago. She heard about it through a mutual friend and sent me a sympathy card. That card grew into a marriage.

(JULIE) We think our spouses got together in heaven and orchestrated this whole thing. We feel very fortunate.

### What brings you back to Guam?

(VAN) Our church has a military relations program that seeks out retired military and sends them on missions all over the world. The purpose is to mentor military members, care for them and encourage church participation.

### How did you find out about the Red Cross volunteer opportunities?

(VAN) You know Lt. Hales? He invited us to come and get registered for when we need



is and just working with that kind of atmosphere and supporting it (I worked for many years as a grief facilitator with hospice) so that is where we are coming from.

(VAN) During my career I saw a lot of challenges families faced when there was a deployment and the impact it had on the families. I spent two years in Vietnam and know the impact it had on my own family. For some, knowing they have someone who cares about or can help them means a lot to them.

**(top left) Van MacCabe, Joyce MacCabe (late wife) Wayne MacCabe, Kris MacCabe, and Lisa MacCabe daughter born on Guam (Picture taken in 1957)**

hospital care and when we came up here we walked right passed the Red Cross door. Part of our church assignment is to find a community service that we can do one day a week that is completely divorced from our church mission.

(JULIE) So we saw the Red Cross sign and thought 'why don't we do that?' At the time there was no one in the office, so we took the number and found out more and decided to dedicate one day a week to the Red Cross.

**Was there a particular reason you chose the Red Cross?**

(JULIE) One of the things that sticks with me--my late husband Scott was a prisoner of war in World War II, in Nuremburg Germany, he was in the Battle of the Bulge and his memoir, that he always told all of our family, was 'the Red Cross boxes saved our lives' he said--'we didn't get a lot of them because at the time the Nazi's kept a lot of our stuff, sometimes you'd only get a fourth of the box' but he just always praised that wonderful service and I always kept that in the back of my mind and said "I love the Red Cross" because I knew they had helped him through hard times.

(VAN) One of my duty stations was the island of Cypress in the Mediterranean with the U.S. Embassy. In 1961 my brother was killed in an automobile accident and the Red Cross was right on top of it and that is why I have a soft spot in my heart for it.

**Why do you feel volunteering with the Red Cross is so important?**

(JULIE) One of my goals has been to learn about death and dying, and how to handle that--I learned that when my husband was suffering for so many years and helping him through that. The idea of how valiant and tenacious and wonderful the human spirit

**(bottom right) Julia Barrett, Scott Barrett (late husband) Cathy Barrett, Janice Barrett, Michael Barret son born on Guam (Picture taken in 1959)**



Between their mission and the Red Cross they are keeping busy but they are enjoying each moment. However, they won't be on the island permanently. Together, they own a home in Utah and between them, have 183 children, grandchildren and great grandchildren and a few marriages in the future.

Although Van and Julie are 83 and 82 respectively, both wake every morning and run for about an hour. In fact Julie is a marathon runner. According to them the two have suffered a few "casualties", a calf and a hip issue but other than that they said they forget they are in their 80's--most of the time. "Everyone calls us kids around here," said Julie with a delighted smile.

# General Surgery

The mission of U.S. Naval Hospital (USNH) Guam General Surgery Department is the treatment of traumatic, congenital, degenerative, neoplastic, infective and other surgical conditions of the gastrointestinal tract, the breast, head and neck, endocrine system, pulmonary system, and of the soft tissues of patients of all ages. Services provided can occur as a single encounter or a series of encounters over days, weeks, months, or years, and are less than eight hours in duration.

“We do most of the General Surgery in the hospital and act as a Gastroenterologists, we spend a lot of our time doing colonoscopies,” said USNH Guam General Surgeon Lt. Cmdr. Jeffrey Borut. “General Surgeries are anything from the neck down other than bones. It also includes cancer, breast cancer, appendectomies, anything in the stomach and anything vascular that’s emergent. We also do all traumas.”

The Department serves the needs of all branches of active duty military stationed in Guam as well as their dependents. They also care for retirees and their dependents, Department of Defense employees, National Guard and at times, patients from the local community. Patients can range in age from newborn to elderly. Patients are referred from primary care clinics, branch medical clinics, fleet medical personnel, or emergency department.

The General Surgery staff performs a wide range of treatment which encompasses both inpatient and outpatient. They provide examinations, diagnosis, and treatment. They also provide preoperative care and perform the surgery. After which they evaluate the surgical procedure, maintain continuity of post-operative care, and follow-up care management which includes health maintenance, and dis-

ease prevention.

Within the General Surgery Department is Registered Nurse, Nicole Traylor and USNH Guam designated sedation nurse (IVCS). Traylor completes IVCS training for hospital nursing staff and generally training Emergency Room (ER) and Intensive Care Unit (ICU) nurses. As a sedation nurse, Traylor performs sedation for all the cases in General Surgery that are down in the EndoSuite such as esophagogastroduodenoscopy’s (EDG), and colonoscopies. “I also spend two days a week in oral surgery with Dr. Bower, as well as urology and pulmonology as needed,” she said.

The job of a sedation nurse is important because their specific skill set and abilities allow them to assess, diagnose and intervene in the event of complications during surgeries. Traylor is responsible for assessing and monitoring patients throughout procedures and during the post procedure phase of the patient’s care.

One other aspect of General Surgery many may not be familiar with, is the fact that they play a large role in breast and colon cancer screening. Said Borut, “This is extremely important because these are two cancers that are preventable and we certainly have resources

*continued on page 11*



General Surgery assistant lead petty officer, Hospital Corpsman Brandon Clark, prepares an endoscope which is equipment used for a colonoscopy. Corpsmen like Clark who work in this department do everything from administrative work to patient care in the clinic, as well as prepping and cleaning equipment and assisting with colonoscopy procedures. *(photo taken by Jennifer Zingalie, USNHG Public Affairs)*

for that. We have a breast health nurse. I don't think people realize we are here for cancer screenings."

Because Guam has a fairly large retiree population, one of the more common procedures seen at USNH Guam is colonoscopies. In fact, the hospital performs up to 15 per week and up to an additional 12 when the Veterans Affairs staff comes aboard each month.

Traylor explained that colonoscopies are considered routine preventative care. "During the procedure we take biopsies that are suspicious

or cancerous. Then if necessary, the surgeon will operate," she said. "It is the same with breast health, if a patient discovers a lump or there is an abnormal mammogram they would see one of our docs who would perform the surgery."

USNH Guam general surgeons often perform as Gastroenterologists (who might typically perform a surgery for colon cancer) versus referring a patient out to a subspecialist. This allows the surgeons and patients to establish a

*continued on page 18*

# PCS Season

# Overseas Screening

The purpose of Overseas Screening (OSS) is to ensure that the medical, dental, and educational needs of service members and their families can be met with existing resources.

# 30

The commanding officer of the transferring command must ensure each service and family member are screened within 30 days of receipt of transfer orders. Service members and family members will not transfer until satisfactory completion of all aspects of suitability screening process.

reference: BUMEDINST 1300.2A,

1. Due to a possible delay in receipt of hard copy orders, it is highly recommended initiation of OSS process upon verbal orders to Guam. It is important that an OSS be completed on each service and family member.



2. Service members who marry or acquire dependents after receipt of orders to Guam must ensure screening of dependents completed prior to arrival on Guam, to ensure dependents' medical needs can be met with available medical resources on the island.



Guam is a remote western Pacific island 7 hours' flying time from Honolulu and 12 hours' flying time from the west coast of the U.S. Many medical specialty and subspecialty services are unavailable on Guam. For additional information concerning the services provided at U.S. Naval Hospital Guam please contact us at: Phone: (671) 344 9564/7228 Email: o seas-nh-guam@med.navy.mil



OSS is required for Command Sponsorship of dependents.

Any changes whatsoever in the mental or physical state of those being, or have completed overseas screening, prior to arriving on Guam, require re-screening. A proper screening helps ensure a productive tour for the service member, his or her family, and the service member's new command.

For a detailed list of physical and mental conditions that require an inquiry to be sent directly to Guam healthcare providers for consideration. Go to: [http://www.med.navy.mil/sites/usnhguam/incoming-personnel/Pages/medical\\_conditions.aspx](http://www.med.navy.mil/sites/usnhguam/incoming-personnel/Pages/medical_conditions.aspx)



Suggestions to expedite the screening process:

- Start the OSS process immediately upon receipt of verbal orders.
- Only appointed screeners are able to request OSS for service and family members.
- Provide the DD2807-1 and the 1300-1 and any additional information along with the request for OSS.
- Ensure eligible family members with special needs, whether they be medical, educational, or both, are enrolled in the Exceptional Family Member Program (EFMP)

# TRICARE Overseas Program

## 1 Checking in:



**Register**  
Members (family) should go to Out Patient Records to verify information in DEERS and begin registration process.



**Donna Barcinas--**  
TRICARE beneficiary Service Representative



**Tricia Lizama--**  
TRICARE beneficiary Service Representative

**Enroll**  
Once registered members should bring a copy of their orders to the TRICARE enrollment office.

Here members will get a basic explanation of their benefits, as well as pick their primary care manager who will help manage their health.

\*If there are further questions, or members need more explanation on TRICARE benefits after enrollment, or have questions about billing they can visit the TRICARE Benefits office.



**Ruth Espinosa--**  
TRICARE Health Benefits Advisor.  
(referrals and health benefits)

Service	TRICARE STANDARD	TRICARE PRIME
Annual Deductible	\$150/individual or \$300/family for E-5 & above; \$50/100 E-4 below	None
Annual Enrollment Fee	None	None
Civilian Outpatient Visit	20% of allowed charges for covered service	No Cost
Civilian Inpatient Admission	Greater of \$25 or \$14.35/day	No Cost
Civilian Inpatient Behavioral Health	Greater of \$20 per day or \$25 per admission	No Cost
Civilian Inpatient Skilled Nursing Facility Care	\$11/day (\$25 minimum) Charge per admission	\$0 per diem charge per admission

For more comparison info go to: <http://www.tricare.mil/Welcome/ComparePlans.aspx>

Members whose family members have not, for whatever reason, had an overseas screening **can not** be enrolled into TRICARE PRIME and will be enrolled into TRICARE STANDARD.

### TRICARE Office Hours

Monday-Friday 8 a.m. to 4 p.m.

Lunch 12:30 p.m. to 1:30 p.m.

For TRICARE help or information call: 671-344-9777

Medical Appointments: 671-344-9202

Prescription Refills Call: 671-344-9620

### TRICARE Dental Program:

TDP is administered by MetLife and is voluntary and available worldwide to beneficiaries who are encouraged to enroll when moving overseas. Command sponsorship and a copy of orders is not required. A list of area Dentists in Guam that accept TRICARE can be obtained in the TRICARE enrollment office.

view or download your personal health data:  
TRICARE ONLINE

# U.S. Naval Hospital Guam Ombudsman

*April Sales,  
6 years  
military  
spouse*



*Sarah Jones, 20 years  
military spouse*



*"Bobbie" Lopez,  
16 years military spouse*

## U.S. Naval Hospital Guam Ombudsman

serve as advocates for staff family members. By using their knowledge of the Navy and the USNH Guam command, they can help access the appropriate level of chain of command for intervention and for the forwarding of appropriate requests and grievances while exercising confidentiality.

They also provide information and outreach to staff family members and strive to communicate with them regularly. They serve as information and referral specialists, referring USNH Guam families in need to community organizations and military offices such as; Family Service Centers, Chaplain's Office, Medical Treatment Facilities, Navy-Marine Corp Relief Society, American Red Cross and legal assistance offices to name a few.

Most importantly, USNH Guam Ombudsmen provide support to individual staff family members including referring them to professionals for counseling. Ombudsmen are prohibited from counseling, or making decisions for the command and can not serve as organizers for social functions. Although they do not exist to solve problems, they are trained to point family members in the right direction to get the help needed.

Spouses or family members of USNH Guam Sailors who need assistance, should contact the Command Ombudsman at: 671-483-9125 or usnhguamombudsman@gmail.com

Keep abreast of USNH Guam activities or events on Naval Base Guam by joining the USNH Guam Ombudsman Facebook page.



*"... We are on call 24 hours a day ..."*

### What is an Ombudsman?

- Volunteer
- Point of Contact/command's liaison with family
- Facilitator
- Teacher
- Coach
- Reference Librarian
- Important source of accurate information about the command
- A listener

*"I was an Ombudsman once before, earlier in my husband's career. I love that we are able to help offer resources and be able to personally connect family members to those resources when or if the situation calls for it." ~Sarah Jones*

*"I think it is very important--an Ombudsman is somebody that you should know, you should be able to go to and you should be able to express whatever you need to express and you know they are going to be there to help you out."~April Sales*

*"I had my own career; I was in retail management for 11 years, which was who I was. The reason why I am an Ombudsman is to honor my husband, so I can get involved in his career and better understand the Navy." ~Bobbie Lopez*

**Use a Building** continued from page 6

will also be prepositioned patients (role-players). The simulation training will take place as if it were mid-way through the day with the hospital operating under normal conditions. However, situations will be escalated in order to understand how staff will respond to various scenarios. Another “day in the life” will be conducted in the middle of the night because, according to Fitzpatrick, there are certain peculiarities on how things happen at night.

Yet, before all of this can happen, preparations must be in order. Noting where the project is, and speaking in relation to USNH Guam staff, said Heisler, “It’s time to really engage--it is talking to each other and beginning to look at different scenarios and ask ‘what if?’ and then take those questions and find out the answers.” Which she feels is important to do before the move to the new hospital.

She also suggested that even though the summer brings on a large Permanent Change of Duty Station (PCS) turnover, with staff leaving and new staff coming in, it is important that this planning stays in motion. “One of the tools we use in medicine is called SPAR it’s a structured way to do a patient hand off,” she explained. “So you, know the situation, know what the problem may be, find out the answers you need, and what responses you need.”

“It’s a way or a system to organize that information and that is essentially what is going to happen--obviously different people are going to have different ideas about how something is going to work, but you have to get your best plan at some point and say this is what we are executing. This way the basic foundation will be laid”

Getting a foundation laid is also important because the new hospital will undergo another Joint Commission and Medical Inspector General Survey sometime after the staff is moved into the new building. This will happen even though the staff, in the old building recently received the Joint Commission’s Gold Seal of Approval™.

Said Fitzpatrick, “Learning a building and your way around will take time; in the military we have a ‘can do’ attitude but it is important to go through the right procedure, to document progress and training and get certified.”

Heisler agreed and added, “I think the common thing we think about is how we are going to take care of the patients. I think the vast majority of the people here would just lie down in front of a gurney or whatever they needed to do to make sure our patients are safe.” This includes everything from professional development to being trained on how to use a building.



**In an Intensive Care Unit** (ICU), the unfamiliar ear may be distressed to hear a chorus of beeping pumps and other alarms sounding in a non-harmonious cluster of noise. The unfamiliar eye might be shocked at the sight of multiple intravenous (IV) poles surrounding a singular patient and the numerous amounts of medication being used to sustain their life. Some might marvel to see doctors, nurses, and corpsmen surrounding a bed, or scurrying about, rendering life-sustaining care.

To those who work there this is business as usual.

But even for the most experienced of the U.S. Naval Hospital (USNH) Guam ICU staff, seeing a six foot tall green “robot”-looking machine was like seeing something out of an old Star Trek episode. Yet, it is during life saving moments, the machine can be seen straddling IV poles, attached to various other devices, wires and tubes, with multiple whirling discs and tubing that fills with a patient’s blood.

After several uses, in a short amount of time, the “robot”-like machine has earned respect, and affectionately nicknamed ‘Rosie.’ Although she was never really nameless. Rosie is USNH Guam’s new continuous renal replacement therapy (CRRT) machine. She provides hope to the ICU team that they can turn a dismal situation around.

Because of Guam’s isolated location between the Philippine Sea and Pacific Ocean, it lacks many subspecialists. There are no nephrologists (kidney specialists), gastroenterologists, cardiologists, and several other subspecialty services. But there is no shortage of extremely sick patients or those who have suffered traumatic injuries, and who may require emergent dialysis in the ICU.

Currently, the unique CRRT therapy is not being performed by ICU physicians (intensivists) anywhere else in the Navy. When it is performed at other Medical Treatment Facilities (MTF’s), it is typically done by nephrologists.

“CRRT empowers Navy nurses by providing a complex skill set so that our experience compares to civilian and hemodialysis nurses. I look forward to providing this therapy to future patients,” said ICU Nurse Lt. Kathryn Lynn.

In times past, patients who required this level of treatment might have been transferred to the one other hospital on the island. Although the local hospital has dialysis capability and a handful of nephrologists, the transfer also comes at great cost. One day of dialysis in an ICU can run more than \$8 thousand. Other patients who are extremely sick but stable enough for medical air evacuation would have to be flown to Hawaii’s Tripler Army Medical Center, an endeavor that costs in excess of \$250 thousand.

In July 2011, Dr. Jim Prah, who ran USNH Guam ICU as the sole intensivist for more than a year, began looking at alternatives to expensive trips across town - or across the ocean. Most intensivists receive some exposure to CRRT during their fellowship and Prah felt the strong nursing and other support staff would be up to the challenge of initiating a CRRT program. He equated the inability to have renal replacement support with up to 50 percent of ICU patients experiencing acute renal failure during their hospital stay. “Not having the capability to do dialysis is like a surgeon not having a scalpel,” he said.

Having the gear is not enough though, a staff that is both cre-

denialed and privileged to do the dialysis must also be in place. As luck would have it, while Prah was laying the groundwork for the CRRT project, Cmdr. Tim Quast, who was working on his CRRT credentials back in Bethesda, MD, was soon to rotate to the hospital.

The two stayed in close contact and hearing about the project, Quast managed to set up rotations at Baltimore’s Shock Trauma Center, honing what he had learned in Fellowship and more importantly, obtaining the exposure hours needed to become credentialed.

In October of 2012 a representative from the Gambro Corporation came aboard to teach the doctors and nurses the finer points of performing CRRT. Shortly thereafter, a committee composed of both doctors and nurses generated a protocol which was approved in November by the hospital’s Critical Care Committee.

By December 2012, USNH Guam performed its first intensivists run CRRT on a live patient -in their rigorous ICU environment. According to Quast the first case came with a fair degree of anxiety and trepidation for all involved. The case was complex and in the end the patient did not survive. The staff would go through three other losses but Quast believes the ability to use the CRRT machine gives patients a fighting chance.

To date, USNH Guam has performed eight cases of CRRT, with a survival rate of 50 percent; the longest CRRT session lasting twelve days and its shortest six hours. These statistics are in line with national averages and the nurses and physicians who now order and perform CRRT know they are giving their patients the best opportunity to survive in spite of the odds.

# 'Rosie' Rivets the ICU

*By CDR T. M. Quast, MC,  
USN and Jennifer Zingalie,  
USNHG Public Affairs*



“Rosie” the “Continuous Renal Replacement Therapy” (CRRT) or dialysis machine, performs very-slow dialysis for patients in the Intensive Care Unit (ICU). Normally when a non-ICU person goes to a dialysis center he or she gets several liters of fluid taken off in a short time (along with the impurities that the kidneys would normally filter out, which is also done by the dialysis machine). A person who is in the ICU often can’t take a fluid shift like that without dropping his or her blood pressure to dangerously low levels. Rather than performing a rapid/high-volume dialysis, CRRT—where the term “renal replacement” is a fancy way of saying “dialysis”—removes a similar amount of fluid over a 24 hour period, reducing the chance for low blood pressure while achieving the same goals. (Photo by Jennifer Zingalie, USNHG Public Affairs)

**General Surgery** continued from page 11  
surgeons and patients are able to establish a familiar relationship.

Corpsmen in the General Surgery Department typically assist with scopes and are on call for assisting with colonoscopies. At USNH Guam, the General Surgery Department staff are the only ones trained in this arena, so they may also be called into the ER or ICU or any other unit that may require these procedures. They also accept referrals and screen patients when they are in the clinic, if it is not something that is emergent or processed through the ER. Surgical Technicians (Corpsmen with special training) assist the surgeons in the Operating Room (OR).

Because Guam is an isolated island with limited resources, USNH Guam general surgeons cannot perform cardiothoracic surgery because the hospital is not equipped with pumps. They also cannot perform elective lung surgery or neurosurgery.

Said Borut, “For many situations that arise we are in contact with Japan and Hawaii. If a specialist is available at Guam Memorial Hospital we may refer the patient over there. In

some instances, how serious an issue is, will depend on whether the surgeon will operate. If we are able to, we will have to Medical Evacuate them to a hospital where they can get the care they need.”

He went on to say, “As surgeons you are end of the line. You can do pediatrics, vascular, trauma, gastroentology, the list goes on. Here in Guam, you do stuff you wouldn’t usually do in the states-- for one you have more resources there or have a specialist not too far away. Here it doesn’t work that way--it is for better or for worse.”

Traylor agreed, “We have a very collaborative effort with the rest of the hospital. There is a lot of communication between us, the referring provider the Ambulatory Procedure Unit (APU), OR, Laboratory Department, Radiology and so forth because the surgeon sees so many things. There has to be good communication and collaboration.”

Borut added, “Our staff is great and will pull through regardless of the situation. We are the end of the line; when its life and death, this specific department is the only department that does that.”



Hospital Corpsman, Kellie Macdonald sets up items and equipment (endoscope) that will be used during a colonoscopy procedure. Along with preparing equipment, Corpsmen who work in this department, also properly clean and disinfect equipment after each use. It is important the endoscope be thoroughly and meticulously cleaned with soap, water, and brushes immediately after use to prevent drying of secretions. The endoscope is then placed in an automated reprocessor that further disinfects the equipment. This is extremely important because it helps to prevent the spread of health-care-associated infections. (photo taken by Jennifer Zingalie, USNHG Public Affairs)



**Fay Carbullido,**  
Breast Health Coordinator

Call with questions or stop by to speak with the nurse, no referral needed.

344-9617

# USNH Guam Breast Health Clinic

## ABCs of Breast Cancer Early Detection

### What can the Breast Clinic do for you?

- Schedule mammograms and annual physicals with your PCM
- Teach self breast exam technique
- Provide support and advocacy for cancer patients and their families
- Coordinate care with providers within and outside USNH Guam
- Schedule the breast health nurse to speak on a variety of topics with your group, organization or school

#### A) Mammogram

A quick, safe and easy xray. This exam can see very small cancers, even before a lump can be felt.

#### B) Breast Exam

This will include personal health history, observing the breasts in a standing position, examining the entire breast from neck to bottom of rib cage, examining the breast using a vertical strip, using various amounts of pressure on the breast, and discussing a breast health plan.

#### C) Breast Awareness

Familiarizing ones self with how their breasts looks and feels by performing self breast exams checking for lumps, thickness or other changes.

### Keep in Mind

Breast Cancer can occur at any age. Many cancers can be treated successfully. The chances for success in treatment are highest when cancers are found early. Ask your doctor for a consultation today!

## Preventative Measures: Nutrition

According to U.S. Naval Hospital Guam Breast Health Coordinator Fay Carbullido, patients can take measures to prevent cancer through everyday activities and choices. She suggests living a healthy life-style by choosing a low fat, low sugar diet and participating in frequent physical activity. Keeping one's Body Mass Index within standards is also another way patients can guard against diseases such as cancer. She also highly recommends those who use tobacco products to decrease or quit using them altogether.

A colonoscopy is an exam used to detect changes or abnormalities in the large intestine (colon) and rectum.

During a colonoscopy, a long, flexible tube is inserted into the rectum. A tiny video camera at the tip of the tube allows the doctor to view the inside of the entire colon.

If necessary, polyps or other types of abnormal tissue can be removed through the scope during a colonoscopy. Tissue samples (biopsies) can be taken during a colonoscopy as well.

### Polyyps

are growths that form in the lining of the colon or rectum. Most are benign or noncancerous, but over time can become malignant or cancerous. Finding and removing polyyps can help prevent cancer from forming.



Performance Boosters cross over multiple performance areas and embody the Total Force Fitness paradigm for strength in your mind, body, relationships, and environment. They are based on evidence and/or recommendations by experts in the field of performance optimization.

**Performance Boosters: Ten Rules of Engagement (ROEs)**

The following ten ROEs were created to assist the warrior athlete in the quest to reach optimum performance. They are adapted from the One Shot One Kill Performance Enhancement Program, available in full on HPRC’s website. It is important to review these ROEs when developing your own plans for performance optimization to ensure lasting success.

**Rule #1: Figure out where you’re at before you start**

Being in a rush to fix things in your program without forethought or a well-formulated plan can lead to mistakenly fixing things that aren’t broken and neglecting to fix things that are. The results are failed attempts, temporary gains, broken spirits, and reluctance towards future attempts.

**Strategy:** Think holistic (defined as parts taken collectively as a whole) and examine your entire network of human systems. Recognize the system(s) that enhance you and the ones that decrease your performance. Once identified, select one at a time to work on and focus your resources towards strengthening that area before moving to the next.

*When performance declines, review this rule again.*

**Rule #2: Don’t let your environment control you...take ownership**

Stop blaming other people and circumstances for poor performance and lack of control. Too often phrases such as “my squad leader gets me spun up” or “he gives me a headache” signal a forfeiture of personal control. No person or circumstance can “make you” feel, think, or react a certain way without your consent.

**Strategy:** Examine how often each day you experience poor performance or loss of control. Are you giving your control to other people or circumstances? If so, move towards taking it back by identifying your contribution to the outcome. Only when you accept responsibility can you gain control of the outcome.

**Rule #3: If it doesn’t work, stop doing it**

If you’re fishing and not getting a bite, when do you change your bait? For most, this is a no-brainer. In fact, many fishermen use specific bait depending on environmental conditions and the type of fish they’re trying to catch. Furthermore, they have a variety of other baits to use if the first does not work.

**Strategy:** Examine whether your efforts are getting the results you want in each area of performance. Are they working? If not, STOP and find something that does work. Develop your own program, and once you’ve found something that works, write it down. Don’t stop... keep going and find another. Build your own tool kit.

**Rule #4: Start small, go slowly, and be patient**

Failing to meet intended performance goals can come as a result of starting too fast and setting unrealistic expectations. For instance, because you were a track star in high school 20 years ago doesn’t necessarily mean you can still perform at that level, especially if you have put on some weight and haven’t exercised since then.

**Strategy:** Start with what you CAN do...not used to do. Set small, realistic goals that are challenging yet doable. Most of all, tackle one thing at a time. Incorporating small changes one or two at a time into your lifestyle will ensure they become permanent additions.

### **Rule #5: Practice, practice, practice**

Think about how easy it is to perform a task that you do every day such as driving, writing, or even speaking. Performing these things in your own way for such a long time can make them feel “automatic” or “natural.” “Muscle memory”—where there is no thinking involved—is developed over time for both good and bad habits. Old behaviors acquired over the years can’t be undone overnight—it takes time, patience, and commitment.

**Strategy:** Once you have identified a new strategy for use, write it down, put it into practice, monitor it for success, and practice it daily. Be consistent.

### **Rule #6: Set up an environment that supports your new plan**

As you start to engage in your new strategies and make changes, you will find that things and people around you may not have made the changes that you did. At this point you will be faced with two choices: (1) You can choose to return to your old lifestyle and level of performance, or (2) you can continue improving your performance and enhancing your quality of life.

**Strategy:** Creating a system to support new changes may not always be easy, but it can be accomplished in a number of ways—through fostering support from buddies or family members (talk to them about changes and specific ways they can support you), developing a routine that works for you (time your routine so that it doesn’t take away from higher priorities), and/or joining groups that help you accomplish your goals (e.g., a running club).

### **Rule #7: Bring in the experts and educate yourself**

Even the world’s best athletes have trainers and consultants at their disposal to assist them in honing their skills and preparing for competition. Lance Armstrong has a 20-man team that helps him prepare for each race. Together they determine the best strategy (e.g., equipment, training, nutrition, etc.) after researching the course environment (e.g., terrain, length, altitude, etc.). Experts customize and create programs that enable athletes to reach their full potential.

**Strategy:** Find experts who can assist you in your quest for optimal performance. Interview them and select the ones who can help you to reach your goal.

One way to get education from experts is to explore other areas of HPRC’s website, where experts in Human Performance Optimization have contributed valuable information that can help you develop your own performance optimization plans.

### **Rule #8: Don’t get caught off guard... have a game plan**

The only constant in the military is change; those of you who have been in a while know this is true. World athletes too experience constant change in their lives. They always prepare for a number of possible factors in their competitions (e.g., climate, conditions, etc.) and adjust accordingly.

**Strategy:** Once you develop strategies to optimize your performance, work to maintain them in times of change and transition. Plan for upcoming changes or transitions in advance and adjust accordingly to sustain your gains.

### **Rule #9: Write it down and review it daily**

Keeping a journal or a log is a key aspect in any athletic training program. Coaches use them to record the stats and progress of their players. Weightlifters use them to track the amount of weight pushed at each session. Even professional sharpshooters use logs to track environmental conditions and positioning. Once you find strategies that work, journaling and logging are key ways to keep you on target.

**Strategy:** Choose a strategy to ensure that you track and write down the specifics (e.g., day, time, quantity, equipment, back-up plan, etc.) of each training session. Review your notes at the beginning and end of each day, looking for what works, what improved, and what adjustments should be made.

### **Rule #10: Be vigilant: once you got it, don’t lose it**

Athletes all over the world have come across this rule at least once in their lifetime. Once they make the changes and reach their optimal level of performance, they start to drop their guard or cut corners and sacrifice the integrity of what they achieved. Old habits return, and performance and resiliency degradation begins.

**Strategy:** Be vigilant and make optimal performance a priority in your life. Create a lifestyle that supports a higher level of performance and make it permanent through dedication and repetition. If you drop it, pick it back up and get back on target.